



Paid Family Leave

Employer PFL Overview

State Disability Insurance (SDI)

Employment Development Department (EDD)



Five Things To Know About Paid Family Leave

1

Provides up to six weeks of partially paid leave in a 12-month period.

2

Can be used to bond with a new child or to care for an ill family member.

3

Leave can be taken intermittently over a 12-month period.

4

Employees receive approximately 60 to 70 percent of their weekly salary.

5

There is no waiting period. Payment can begin the first day of leave.



Paid Family Leave and Caregivers

California's Paid Family Leave (PFL) affords eligible workers up to six weeks of time to be there for the moments that matter most.

Paid Family Leave Care provides partially paid leave if you are:

- ▶ Caring for a seriously ill or injured child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- ▶ Caring for an **out-of-state** or **out-of-country** family member.

Recipients receive approximately 60 to 70 percent of their weekly salary while using Paid Family Leave.

Paid Family Leave and Bonding

Paid Family Leave Bonding provides up to six weeks of partially paid leave for both mothers and fathers to bond with a new child within the child's first year.

- ▶ Can be used to bond with a biological, foster, or adopted child.
- ▶ Documentation showing proof of relationship can be a copy of the child's birth certificate, birth record, or foster/adoptive placement agreement.

Employees receive approximately 60 to 70 percent of their salary while on leave.





Disability Insurance, Paid Family Leave, and New/Expecting Mothers

New mothers take Disability Insurance leave followed by Paid Family Leave, for example:

**Disability
Insurance**
4 Weeks

Birth

**Disability
Insurance**
6 - 8 Weeks

**Paid Family
Leave**
6 Weeks*

*Employees can break up the six weeks of Paid Family Leave. They do not have to take it all at once.

Filing a Paid Family Leave Claim

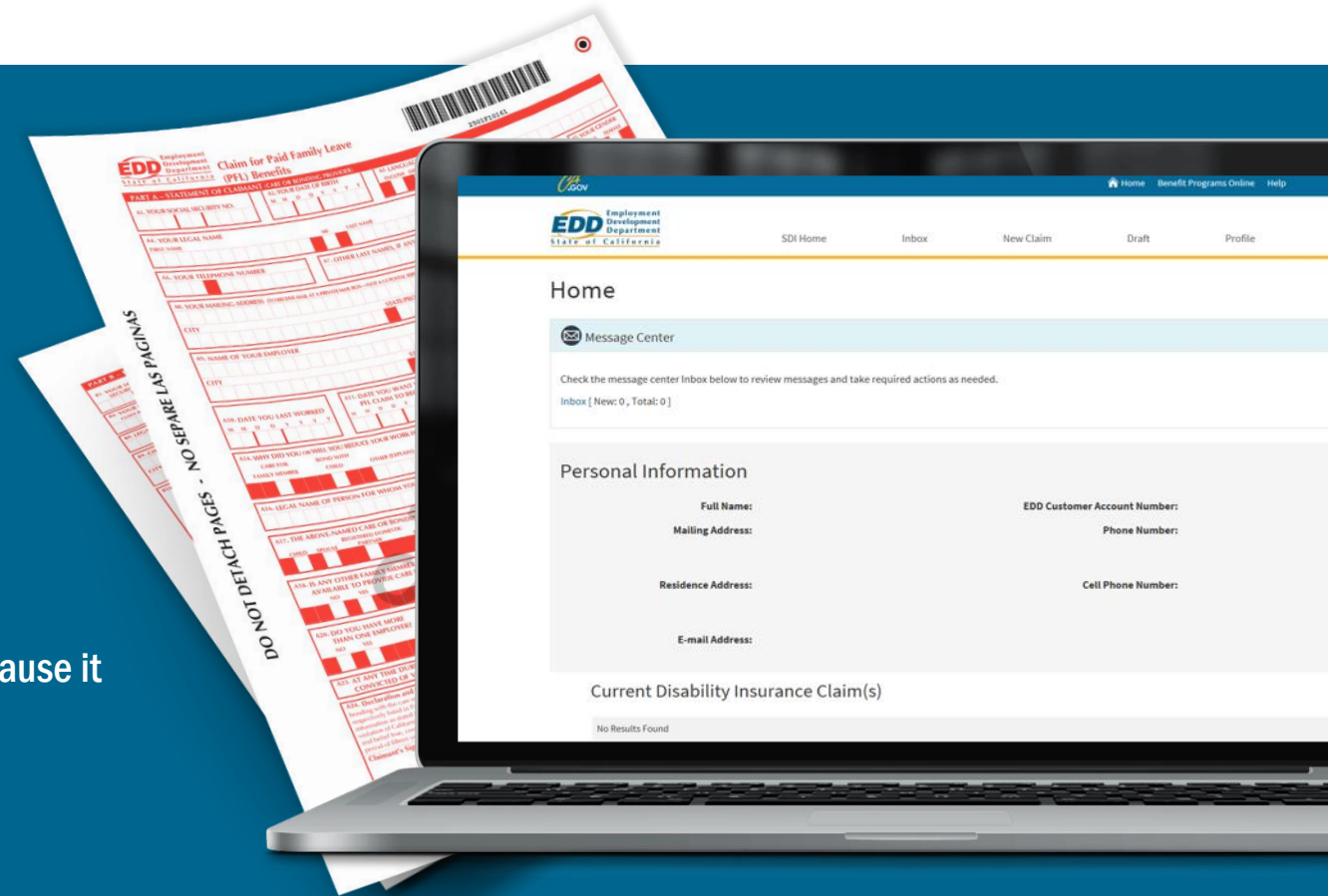
Employees must complete and submit their claim within **41 days** from the date your family leave begins by:



Mail or



Online: Filing through SDI online is strongly recommended because it expedites the review process.



*A Paid Family Leave claim form will be mailed to new moms at the end of their pregnancy-related Disability Insurance claim.

DD Employment
Development
Department
State of California

Claim for Paid Family Leave
(PFL) Benefits

2501F10161

PART A - STATEMENT OF CLAIMANT (CARE OR BONDING PROVIDER)

A1. YOUR SOCIAL SECURITY NO. A2. YOUR DATE OF BIRTH A3. LANGUAGE YOU PREFER TO USE
M M D D Y Y Y Y ENGLISH SPANISH OTHER (PRINT BELOW)

A4. YOUR LEGAL NAME A5. YOUR GENDER
FIRST NAME MI LAST NAME MALE FEMALE

A6. YOUR TELEPHONE NUMBER A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A8. YOUR MAILING ADDRESS (TO RECEIVE MAIL AT A PRIVATE MAIL BOX—NOT A US POSTAL SERVICE BOX—YOU MUST SHOW THE NUMBER IN THE "PMBOX" SPACE) PMBOX (IF APPLICABLE)
CITY STATE/PROV. ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)

A9. NAME OF YOUR EMPLOYER MAILING ADDRESS
CITY STATE/PROV. ZIP OR POSTAL CODE EMPLOYER'S TELEPHONE NUMBER

A10. DATE YOU LAST WORKED A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN A12. DATE YOU RETURNED OR WILL RETURN TO WORK A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?
M M D D Y Y Y Y M M D D Y Y Y Y M M D D Y Y Y Y NO YES

A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING?
CARE FOR BOND WITH
FAMILY MEMBER CHILD OTHER (EXPLAIN) A15. WHAT IS YOUR OCCUPATION?

A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING (FIRST MIDDLE INITIAL LAST) OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)

A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR:
REGISTERED DOMESTIC PARTNER PARENT GRAND PARENT CHILD SIBLING OTHER (EXPLAIN)
CHILD SIBLING PARTNER PARENT GRAND PARENT CHILD SIBLING OTHER (EXPLAIN)

A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS?
NO YES A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?
NO YES

A20. DO YOU HAVE MORE THAN ONE EMPLOYER? A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?
NO YES SICK VACATION OTHER (EXPLAIN) NO YES

A23. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE? NO YES

A24. Declaration and Signature. By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for or bonding with the care recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the care recipient and to the care recipient's treating physician as they are respectively listed in Part C and Part D of this claim; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the "Transmission Collection and Access" portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

Claimant's Signature (DO NOT PRINT) If signature is made by mark (X), please place mark here.* Date Signed (M M | D D | Y Y Y Y)
*If your signature is made by mark (X), it must be attested by two witnesses with their addresses.
1st Witness Signature and Address 2nd Witness Signature and Address

DO NOT DETACH PAGES - NO SEPAR LAS PAGINAS

DE 2501F Rev. 2 (10-16) (INTERNET) Page 1 of 4 CU

Filing a Paid Family Leave Claim



Mail

Employees filing for PFL care or bonding must properly complete and submit to the EDD the *Claim for Paid Family Leave Benefits, DE 2501F*.

New mothers transitioning from a DI-related pregnancy claim to bonding will automatically receive a *Claim for Paid Family Leave (PFL) Benefits – New Mother, DE 2501FP* with the final DI payment.

Employees may begin this process by ordering the *DE 2501F* application online at edd.ca.gov/Forms or by visiting a local SDI office.

Paid Family Leave and SDI Online

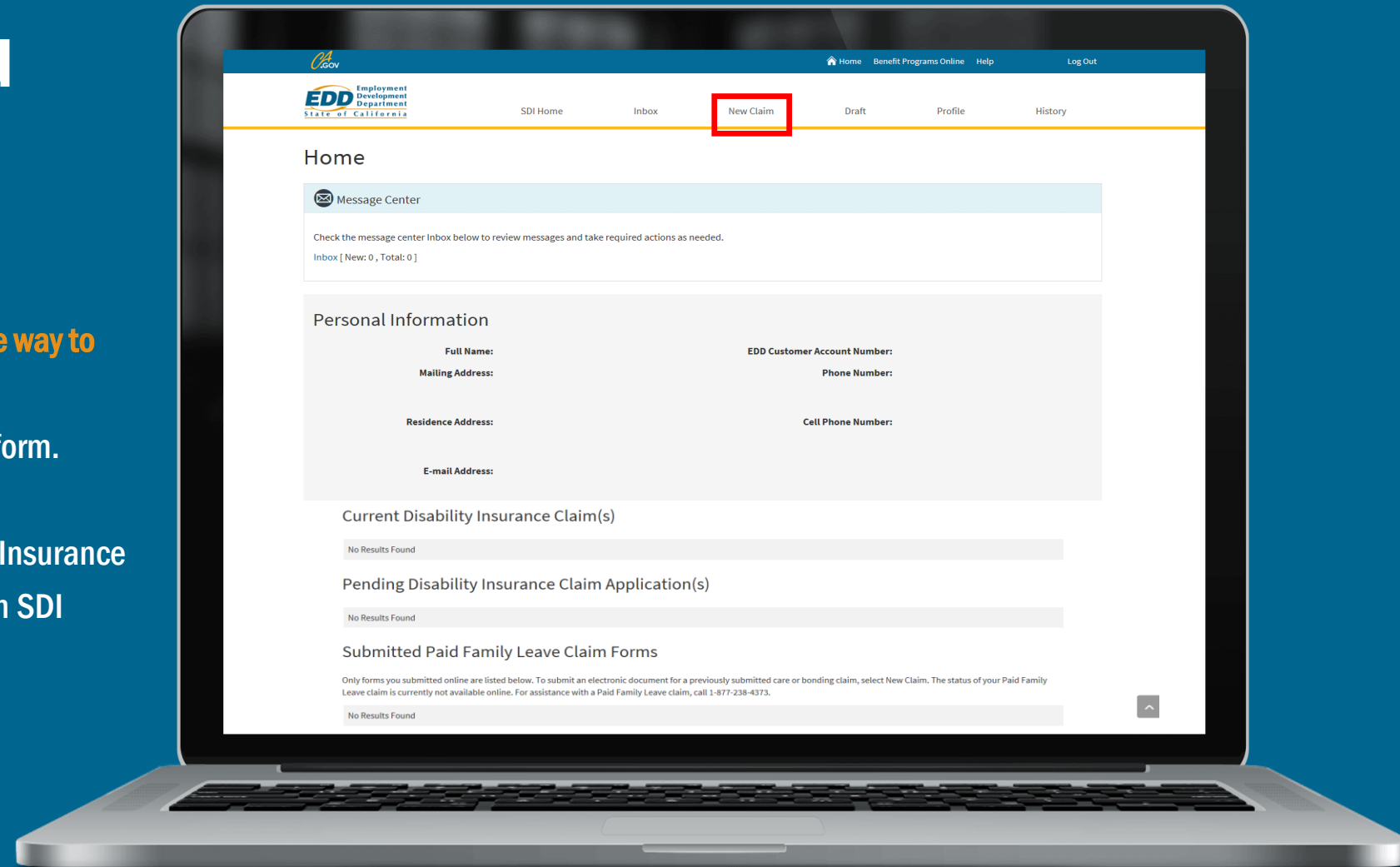


Online

SDI Online is the fast, convenient, and secure way to submit a PFL claim online. If employees file electronically, they do not send in the paper form.

Employers may also submit forms (Disability Insurance only) and update contact information through SDI Online.

Create or access your account by visiting:
edd.ca.gov/SDI_Online

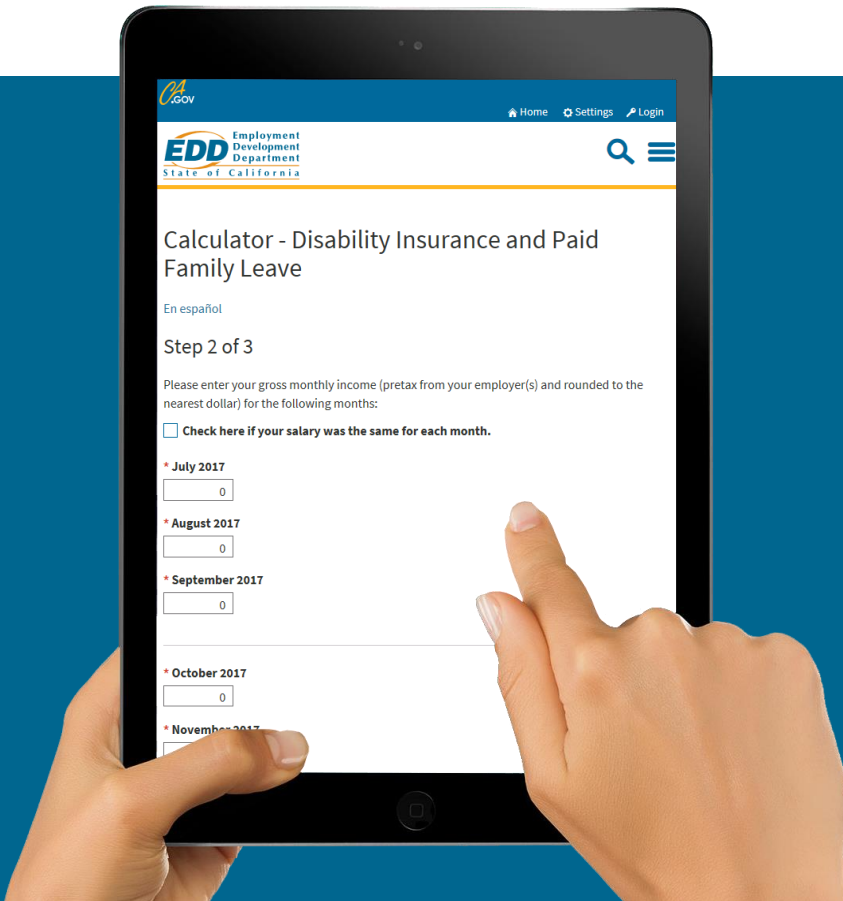


Calculating the Benefit Amount

Your employee's weekly benefit amount is determined by the highest quarter of earnings in their **"base period"** (wages subject to SDI tax earned 5-18 months prior to their claim start date).

The **"base period"** covers a 12-month period and is broken into four consecutive quarters. For example, if an employee's PFL claim begins in April, May, or June, the weekly benefit amount is calculated from their highest quarter of earnings between January 1 and December 31 of the prior year.

To simplify this process, employees may estimate their weekly benefit amount using the EDD calculator at http://www.edd.ca.gov/Disability/PFL_Calculator.htm.



Determining Paid Family Leave Eligibility

Has your employee paid into **California's State Disability Insurance** (usually noted as CASDI on a paystub) in the past 5-18 months prior to taking leave?

- ▶ **"YES"** – They are most likely eligible for benefits.
- ▶ **"NO"** – Not all employees pay into State Disability Insurance, thus they are not eligible for these programs.

Have your employee review **paystubs** before assuming eligibility.

Eligibility is not based on length of service or the number of employees your company has on staff.

Immigration status does not factor into eligibility.

No paid leave is guaranteed until the claim has been approved by the EDD.

Only one PFL claim can be filed within a 12-month period.



Employment Status and Paid Family Leave



Eligibility is determined by whether a worker has contributed to CASDI in the past 5-18 months.



Unemployed Californians must have collected Unemployment Insurance and/or be actively looking for work to qualify for PFL.

Seasonal employees, part-time workers, and unemployed individuals may still qualify for PFL.



Self-employed individuals may be eligible if they are contributing to the Disability Insurance Elective Coverage program.



PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017



2503F0517

EDD—PAID FAMILY LEAVE
PO BOX 997017
SACRAMENTO CA 95899-7017

RETURN TO: ----->

If employer name and/or address
differs from that shown at left, please
correct here:

NOTICE OF PAID FAMILY LEAVE (PFL) CLAIM FILED

To report fraud, call 1-800-229-6297.

EMPLOYEE'S NAME	SSN	REPORTED LAST DAY AT WORK	PFL CLAIM DATE
1. If the employee shown above is NOT your employee, please check this box and return this form <input type="checkbox"/>			
2. Do your records show a different last day at work than shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide correct last day at work (MM DD YY): <input type="text"/>			
3. Has the employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, date returned to work (MM DD YY): <input type="text"/> <input type="checkbox"/> full-time <input type="checkbox"/> part-time			
4. Did the employee stop work for any reason other than to care for a family member or to bond with a new child? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state reason: <input type="text"/>			
5. Did you require this employee to use up to two weeks paid vacation in conjunction with his/her family leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: employee used paid vacation from (MM DD YY): <input type="text"/> to <input type="text"/>			
6. Has the employee received or will the employee receive wages in the form of paid sick leave or other type of wage continuation in conjunction with family leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: a. Employee paid from (MM DD YY): <input type="text"/> to <input type="text"/> \$ <input type="text"/> b. Employee's regular weekly rate of pay/earnings prior to family leave (excluding overtime): \$ <input type="text"/>			
7. At the time the employee's family leave began, did you have a state-approved voluntary plan for disability insurance benefits instead of the state plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: a. Enter plan number: 99- <input type="text"/> b. If employee is not covered, give reason: <input type="text"/>			
8. Has the employee reported a work-incurred injury or occupational illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: a. Enter name, address, and phone number of your workers' compensation carrier: <input type="text"/> b. Enter employee's "date of injury" (MM DD YY): <input type="text"/>			
9. Completed by (Print Name): <input type="text"/> Date (MM DD YY): <input type="text"/> Phone Number: <input type="text"/>			

When completing this form, PLEASE PRINT WITH BLACK INK.

California Unemployment Insurance Code, section 2707.1, requires that you complete and return this form **within two working days from the day you receive it if the person named above is still your employee and within five working days if not.**
DE 2503F Rev. 1 (5-17) (INTRANET) Page 1 of 1 For general information on the PFL program, visit www.edd.ca.gov

Paid Family Leave and Employer Responsibilities

After your employee submits a PFL claim, the employer will:

- ▶ Receive a *Notice of Paid Family Leave (PFL) Claim Filed, DE 2503F.*
- ▶ Complete the DE 2503F and send back to the EDD within **2 working days.**
- ▶ Report any wages the employee received or will receive while on leave.

*The DE 2503F can only be completed by paper and is not available to submit through SDI Online.

DISABILITY INSURANCE PROVISIONS



CALIFORNIA PAID FAMILY LEAVE

**Helping
Californians
be present for
the moments
that matter.**



Forms to Provide to Employees

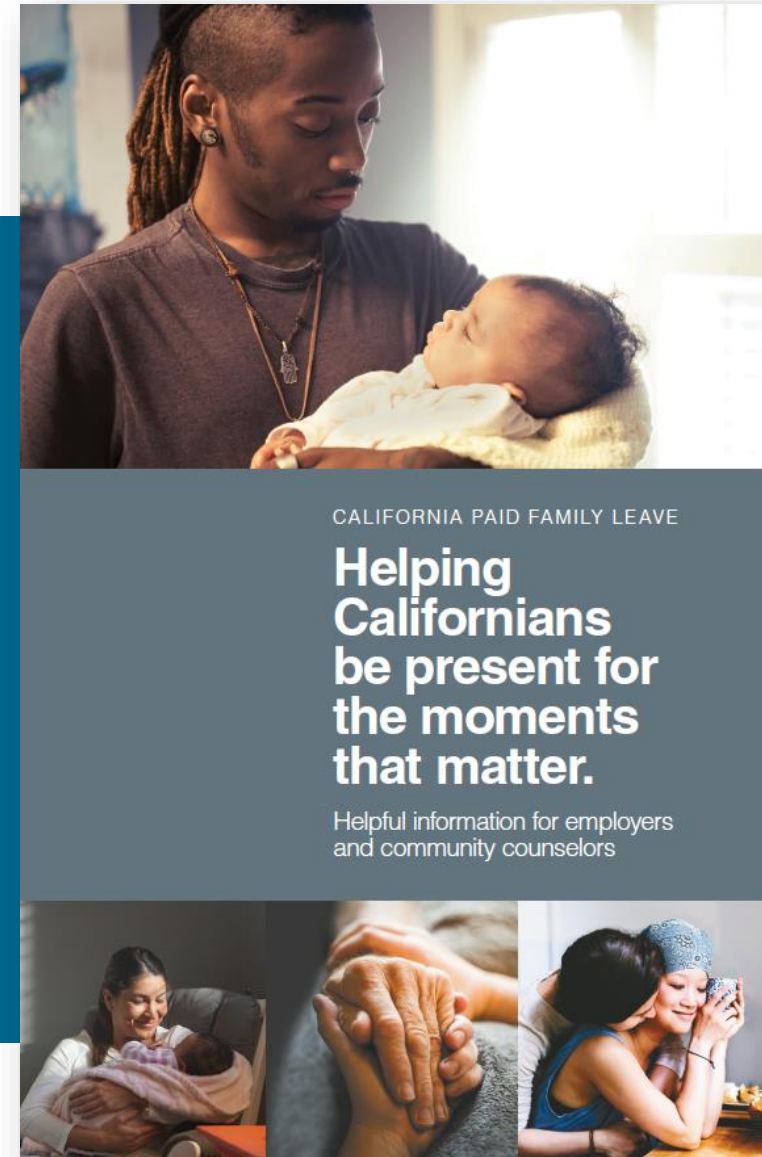
Employers should provide the following brochures to new employees and employees requesting leave:

- ▶ The *Paid Family Leave Brochure*, **DE 2511**.
- ▶ The *Disability Insurance Provisions*, **DE 2515** brochure.
- ▶ Order, view, or print the brochures online by visiting edd.ca.gov/Forms.

Helping Californians Be Present for Moments that Matter.

Helpful information for employers and community counselors:

- ▶ Use the **DE 8520 booklet** as a guide the next time an employee asks you about PFL.
- ▶ Order, view, or print the booklet online by visiting edd.ca.gov/Forms.



Job Protections

A close-up photograph of two hands, one older and one younger, clasped together. The older hand is on the left, showing wrinkles and veins, while the younger hand is on the right, wearing a plaid shirt sleeve. The background is blurred, showing more of the plaid shirt and some indistinct shapes.

Does the SDI program
provide job protection?

**No,
the SDI program does not
provide job protection,
just paid benefits.**

However, other state and
federal laws may apply while
your employee is using leave.

Job Protections

Laws that may apply while receiving Disability Insurance and Paid Family Leave benefit payments:

- ▶ Family and Medical Leave Act (FMLA)
- ▶ California Family Rights Act (CFRA)
- ▶ New Parent Leave Act (NPLA)
- ▶ Fair Employment and Housing Act (FEHA)
- ▶ Pregnancy Disability Leave (PDL)

Employees considering PFL should speak to their employer for more information on unpaid job-protected leave.

Visit dfeh.ca.gov and dol.gov/whd/fmla to learn more.





For more information, visit:

- ▶ www.edd.ca.gov/PaidFamilyLeave
- ▶ www.CaliforniaPaidFamilyLeave.com

Contact EDD

- ▶ **English:** 1-877-238-4373
- ▶ **Spanish:** 1-877-379-3819

